

# California Resident Income Tax Return 2002

FORM  
**540A**

## Step 1

Place  
label here  
or print

Name  
and  
Address

Your first name		Initial	Last name		
If joint return, spouse's first name		Initial	Last name		
Present home address — number and street, PO Box, or rural route				Apt. no.	PMB no.
City, town, or post office				State	ZIP Code

P  
AC  
A  
R  
RP

## Step 1a

SSN

Your social security number									Spouse's social security number								

**IMPORTANT:**  
Your social security number  
is required.

## Step 2

Filing Status

Fill in only one.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 3 ☐ Married filing separately. Enter spouse's social security number above and full name here \_\_\_\_\_
- 4 ☐ Head of household (with qualifying person). STOP. See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died \_\_\_\_\_.

## Step 3

Exemptions

- 6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ..... ● 6 ☐
- For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions ..... 7 ☐ X \$80 = \$ \_\_\_\_\_
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 ..... 8 ☐ X \$80 = \$ \_\_\_\_\_
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... ● 9 ☐ X \$80 = \$ \_\_\_\_\_
- 10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**  
\_\_\_\_\_  
\_\_\_\_\_ Total dependent exemptions ..... ● 10 ☐ X \$251 = \$ \_\_\_\_\_
- 11 Add line 7 through line 10. This is your total exemption amount ..... 11 \$ \_\_\_\_\_

## Step 4

Taxable  
Income and  
California  
Income  
Adjustments

Attach check or  
money order here.

### Standard Deduction

Single or  
Married  
filing  
separately,  
\$3,004.  
  
Married filing  
jointly,  
Head of  
household, or  
Qualifying  
widow(er),  
\$6,008.

- 12 a State wages from your Form(s) W-2, box 16 ..... ● 12a
- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4; Form 1040A, line 21; or Form 1040, line 35 ..... 12b
- 13 **California Income Adjustments.** See instructions for line 13a through line 13f.
- |  |       |                      |
|--|-------|----------------------|
| a State income tax refund  | 13a   |                      |
| b Unemployment compensation  | 13b   |                      |
| c U.S. Social security or railroad retirement                        | 13c   |                      |
| d California nontaxable interest or dividend income                  | 13d   |                      |
| e California IRA distributions                                       | 13e   |                      |
| f California pensions and annuities                                  | 13f   |                      |
| g Total California income adjustments. Add line 13a through line 13f | ● 13g | <input type="text"/> |
- 14 Subtract line 13g from line 12b. This is your California adjusted gross income.  
See instructions ..... ● 14
- 15 Enter the larger of your California **Itemized deductions** or **Standard deduction**  
(see instructions). If the circle on line 6 is filled in, STOP. See instructions ..... ● 15
- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- ..... 16

## Step 5

Tax and  
Credits

Attach copy of your  
Form(s) W-2, and  
W-2G.  
Also, attach any  
Form(s) 1099  
showing California  
tax withheld.

- 17 Tax. Fill in the circle if from: ☐ Tax Table ☐ Tax Rate Schedule ..... 17
- 18 Exemption credits. If line 12b is more than \$132,793  
see instructions. Otherwise, enter the amount from line 11 ..... 18
- 19 Nonrefundable renter's credit. See instructions ..... ● 19
- 20 Total credits. Add line 18 and line 19 ..... 20
- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ..... ● 23

**Step 6****Overpaid  
Tax or  
Tax Due**

- 24 Enter the amount from Side 1, line 23 ..... **24**
- 25 California income tax withheld. See instructions ..... **25**
- 26 2002 California estimated tax and payment with  
form FTB 3519 and amount applied from 2001 return ..... **26**
- 27 Excess SDI. See instructions ..... **27**

**Child and Dependent Care Expenses Credit.** See instructions.  
Attach form FTB 3506.

- 28
- 29
- 30
- 31

- 32 Total payments and credits. Add line 25, line 26, line 27, and line 31 ..... **32**
- 33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 ..... **33**
- 34 Enter the amount of line 33 you want applied to your **2003** estimated tax ..... **34**
- 35 Overpaid tax available this year. Subtract line 34 from line 33 ..... **35**
- 36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24 ..... **36**

**Step 7****Contributions**

- |  |    |  |    |
|--|----|--|----|
| CA Seniors Special Fund.<br>See instructions ..... ● <b>51</b> .....                     | 00 | CA Breast Cancer Research Fund .. ● <b>56</b> .....                              | 00 |
| Alzheimer's Disease/Related<br>Disorders Fund ..... ● <b>52</b> .....                    | 00 | CA Firefighters' Memorial Fund .... ● <b>57</b> .....                            | 00 |
| CA Fund for Senior Citizens ..... ● <b>53</b> .....                                      | 00 | Emergency Food Assistance<br>Program Fund ..... ● <b>58</b> .....                | 00 |
| Rare and Endangered Species<br>Preservation Program ..... ● <b>54</b> .....              | 00 | CA Peace Officer Memorial<br>Foundation Fund ..... ● <b>59</b> .....             | 00 |
| State Children's Trust Fund for the<br>Prevention of Child Abuse ..... ● <b>55</b> ..... | 00 | Lupus Foundation of America,<br>California Chapters Fund ..... ● <b>60</b> ..... | 00 |
|  |    | Asthma and Lung Disease<br>Research Fund ..... ● <b>61</b> .....                 | 00 |

- 37 Total contributions. Add all contributions shown above, enter the total here ..... ● **37** .....

**Step 8****Refund or  
Amount  
You Owe**

- 38 **REFUND or NO AMOUNT DUE.** Subtract line 37 from line 35. Mail to:  
**FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ..... **38**
- 39 **AMOUNT YOU OWE.** Add line 36 and line 37. See instructions. Mail to:  
**FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... **39**
- 40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ..... ○ **40**
- 41 If you **do not** need California income tax forms mailed to you next year, fill in this circle .. ● **41** ○

**Direct  
Deposit  
(Refund  
Only)**

Do not attach a voided check or a deposit slip. See instructions.

Fill in the boxes to have your refund directly deposited. Routing number ..... ●

Account type:

Checking ● ☐ Savings ● ☐

Account  
number .....

**Step 9****Sign Here**

It is unlawful to  
forge a spouse's  
signature.

Joint return?  
See instructions.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. **3**

Your signature

Spouse's signature (if filing jointly, both must sign)

Daytime phone number (optional)

( ) +

Date

X  
Paid preparer's signature (*declaration of preparer is based on all information of which preparer has any knowledge*)

Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN